

TRANSMITTAL FORM

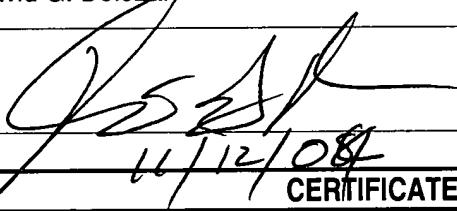
	Application Number	10/660,847
	Filing Date	September 12, 2003
	First Named Inventor	Shivraj G. Dharne
	Group Art Unit	2816
	Examiner Name	Cassandra F. Cox
Total Number of Pages in this Submission	Attorney Docket Number	SC13027TC

ENCLOSURES

(check all that apply)

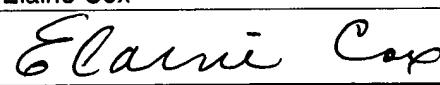
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) (FIGs 1 & 2)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	David G. Dolezal	Registration No.	41,711
Signature			
Date	11/12/03		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 or facsimile transmitted on the date listed below:

Typed or printed name	Elaine Cox		
Signature		Date	11/12/03



FEE TRANSMITTAL

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)**440**

<i>Complete if Known</i>	
Application Number	10/660,847
Filing Date	September 12, 2003
First Named Inventor	Shivraj G. Dharne
Examiner Name	Cassandra F. Cox
Group Art Unit	2816
TOTAL AMOUNT OF PAYMENT	(\$) 440
Attorney Docket No.	SC13027TC

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number

503079

Deposit Account Name

**FREESCALE
SEMICONDUCTOR, INC.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid
1001	790	2001	395	Utility filing fee
1002	300	2002	175	Design filing fee
1003	550	2003	275	Plant filing fee
1004	790	2004	395	Reissue filing fee
1005	160	2005	80	Provisional filing fee

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Independent Claims	8	20	5	440

Multiple Dependent

300 =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	* Reissue independent claims over original patent
1205	18	2205	9	*Reissue claim s in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above.

SUBTOTAL (3) (\$)

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

David G. Dolezal

Registration No.

41,711

Telephone

(512) 996-6839

Signature

Date

9/12/04



DOCKET NO. SC13027TC *IFW*

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) Shivraj G. Dharne et al.

GROUP ART UNIT: 2816

APPLN. NO.: 10/660,847

EXAMINER: Cassandra F. Cox

FILED: September 12, 2003

TITLE: LEVEL SHIFTER

Certificate of Mailing

Date of deposit: 11/12/04

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above, as first-class mail, with sufficient postage attached thereto, in an envelope addressed to the Commissioner for Patents, Alexandria, VA 22313.

Elaine Cox

Signature of Person Mailing Paper

Elaine Cox
Printed Name of Person Mailing Paper

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated August 11, 2004, and Examiner's comments with regard thereto, please enter the following amendments in the above-entitled application, without prejudice or disclaimer.

If Applicant has overlooked any additional fees, or if any overpayment has been made, the Commissioner is hereby authorized to credit or debit Deposit Account 503079.